

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012198

STATE FILE NUMBER

FILED APR 24 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

82

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico 00430	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 E. Liberty		d. STREET ADDRESS (If outside, give location) 1010 E. Liberty	
3. NAME OF DECEASED (Type or print) First Arthur Middle Lock Last Clark		4. DATE OF DEATH Month April Day 21 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Firebrick	11. BIRTHPLACE (City and state or country) Pettis County, Missouri
13a. FATHER'S NAME George D. Clark		13b. MOTHER'S MAIDEN NAME Eliza J. Gator	14. NAME OF HUSBAND OR WIFE Ida Clark (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-05-5988	17. INFORMANT Address 1010 E. Liberty Mrs. Gilbert Saylor Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency DUE TO (b) Senility & Debility DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4222
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-1-59 to 4-17-59 and last saw him alive on 4-17-59 Death occurred at 7:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. Deshotel, D.O.		22b. ADDRESS Mexico, Mo	
22c. DATE SIGNED 4-21-59			
23a. BURIAL, CREMATION, REMAIN (Specify) Burial		23b. DATE 4-23-1959	
23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. April 22-1959	
26. REGISTRAR'S SIGNATURE Blanche Neely			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4492

P. O. Address Medford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.